

477-000-002 – Renewal Process

Renewals (Formerly Known as Reviews)

Always check the renewal date under Action on the N-FOCUS Master Case window for Review Due and Application Due dates.

If a program case is in AC (Active), SP (Spenddown), PD (Premium Due), TR (Transitional), or EX (Exempt) status, the application needs to be tied to the Medicaid case and no further action is needed.

The renewal forms will have barcode sheets with them and do not need handling by Application Management. The scanning and indexing to “Renewal” category will initiate the alert for the Renewal work.

A Medicaid Application is acceptable for a renewal. These should be tied to the Program Case and marked through Document Imaging as a “renewal.” The Application Received work task should not be created.

Always accept the mode chosen by N-FOCUS when registering renewal forms. For example, an AABD SSI recipient is only required to have a desk review annually. If N-FOCUS sets the case mode to Interviewing when a renewal application is received, it will be the SSW’s responsibility to change to the Processing mode when the Interview Needed work task is pulled.

Renewal forms are needed within 30 days. If not received by day 30, the program will close. However, if the renewal form is provided within 90 days of closure, a new application is not needed.

Renewal Title	N-FOCUS Program Case
Medicaid Renewal for Children, Families, Parent/Caretakers, Pregnant Women	<ul style="list-style-type: none">• Prepopulated form, generated from N-FOCUS correspondence.
Medicaid Renewal for Aged and Disabled	<ul style="list-style-type: none">• Prepopulated form, generated from N-FOCUS correspondence.
Medicaid Renewal for Combination Households	<ul style="list-style-type: none">• Prepopulated form generated from N-FOCUS correspondence.

Steps for a MAGI Renewal in 2014:

1. Retrieve and accept the work task "Renewal Received." Go to step 2.
2. Manually check the Hub and N-FOCUS interfaces to determine if data is reasonably compatible (see definition at 477 NAC 1-001) with information currently verified in the case.
 - a. If yes, it is reasonably compatible, go to step 3.
 - b. If no, it is not reasonably compatible with previously verified information:
 - Assign yourself as additional worker.
 - Send VR.
 - Monitor alerts daily until eligibility can be determined per policy.
 - Go to step 3.
3. Review the budget for correctness.
 - a. If budget is correct:
 - Determine eligibility.
 - Authorize budget.
 - Go to step 4.
 - b. If budget is incorrect:
 - Make corrections as needed.
 - Determine eligibility.
 - Authorize budget.
 - Go to step 4.
 - c. If client is no longer income eligible, determine if in protected timeframe (1/1/14 to 3/31/14) or if in a Protected Group.
 - Examples:
 1. PW
 2. Continuous Eligibility
 3. 2101(f) CHIP
 - d. If ineligible, evaluate medical need according to policy (SOC). If medically needy, re-pend the application in a Non-MAGI case. Evaluate if a Supplemental Form is needed. If so, mail one to the client. Complete steps 4, 6, 7, and 8.
4. Process and clear any alerts on the case. Go to step 5.
5. Change renewal date in N-FOCUS. Go to step 6.
6. Send notices to client. Go to step 7.
7. Narrate the case notes, including:
 - a. Factors of eligibility.
 - b. Any variation or additions from interview narrative.
 - Go to step 8.
8. Send notices to client, then go to step 9.
 - a. If ineligible, notify the client in the comment section the application was forwarded to the FFM.
 - b. If ineligible, evaluate medical need according to policy (SOC) and notify the client in the comment section the application is pending a medically needy determination and is being considered. Evaluate if a Supplemental Form is needed. If so, mail one to the client.
9. Un-assign self as additional worker if applicable. Check mode to see if case is in correct mode.
 - a. Change Management if approved or denied.
10. Process complete.

Steps for a MAGI Renewal in 2015:

1. Retrieve and accept the work task "Renewal Due." Go to step 2.
2. Manually check the Hub and N-FOCUS interfaces to determine if data is reasonably compatible (see definition at 477 NAC 1-001) with information currently verified in the case.
 - a. If yes, it is reasonably compatible, go to step 3.
 - b. If no, it is not reasonably compatible with previously verified information:
 - Assign yourself as additional worker.
 - Generate a Renewal Form to client.
 - Monitor return of Renewal Form and/or VRs.
 - Monitor alerts daily until eligibility can be determined per policy.
 - Go to step 3.
3. Process and clear any alerts on the case. Go to step 4.
4. Change renewal date in N-FOCUS. Go to step 5.
5. Send notices to client. Go to step 6.
 - a. If ineligible, notify the client in the comment section the application was forwarded to the FFM.
 - b. If ineligible, evaluate medical need according to policy (SOC) and notify the client in the comment section the application is pending a medically needy determination and is being considered. Evaluate if a Supplemental Form is needed. If so, mail one to the client.
6. Narrate the case notes, including:
 - a. If MAGI eligible, follow approval narratives.
 - b. If ineligible for MAGI, narrate denial reason.
7. Process complete.

Steps for an Assigned Non-MAGI Renewal:

1. Retrieve and accept the work task "Renewal Application Received." Go to step 2.
2. For paper applications, check for validity (contains name, address, and signature).
 - a. If information is complete, go to step 3.
 - b. If application is invalid:
 - Attempt to contact client and have phone application completed (if applicable to your area; if not, continue to next bullet). If successful, go to step 3.
 - If unable to reach client, return (mail) application back to him or her with a note about the missing information or signature (include a return envelope). Monitor case until application is returned so that eligibility can be determined per policy.
 - If there is not means to contact the client, notify Application Management by email.
3. Review N-FOCUS entries with information provided on current application (e.g., name, address, etc.).
 - a. If information matches, go to step 4.
 - b. If information does not match, make corrections to N-FOCUS and go to step 4.
4. Determine financial responsibility, then go to step 5:
 - a. Spouse for spouse
 - b. Parent for child

5. Verifications:
 - a. If verifications are complete, go to step 6.
 - b. If verifications (via interfaces) are incomplete or incompatible:
 - Send VR to client.
 - Monitor daily alerts until verifications can be completed and eligibility can be determined per policy.
6. Process and clear any alerts on the case. Go to step 7.
7. Review the budget for correctness.
 - a. If budget is correct:
 - Determine eligibility.
 - Authorize budget.
 - Go to step 8.
 - b. If budget is incorrect:
 - Make corrections as needed.
 - Determine eligibility.
 - Authorize budget.
 - Go to step 8.
8. Send notices to client. Go to step 9.
9. Narrate the case notes, including:
 - a. Factors of eligibility.
 - b. Any variations or additions from the interview narrative.
10. Process complete.

Steps for a Universal Non-MAGI Renewal:

1. Retrieve and accept the work task "Renewal Application Received."
2. For paper applications, check for validity (contains name, address, and signature).
 - a. If information is complete, go to step 4.
 - b. If application is invalid:
 - Attempt to contact client and have phone application completed (if applicable to your area; if not, continue to next bullet). If successful, go to step 4.
 - If unable to reach client, return (mail) application back to him or her with a note about the missing information or signature (include a return envelope). Monitor case until application is returned so that eligibility can be determined per policy.
 - If there is not means to contact the client, notify Application Management by email.
 - Go to step 3.
3. Review N-FOCUS entries with information provided on current application (e.g., name, address, etc.). Update financial responsibility to reflect any changes in the household composition.
 - a. If information matches, go to step 4.
 - b. If information does not match, make corrections to N-FOCUS and go to step 4.
4. Verifications:
 - a. Send any needed VRs to client, e.g.:
 - Citizenship/alien status
 - Lawful presence
 - Residency

- SSN
 - Tribal membership
 - Family relationships
- b. Assign yourself as additional worker to the Medicaid case.
 - c. Monitor daily alerts until verifications can be completed.
 - d. Go to step 5.
5. Process and clear any alerts on the case. Go to step 6.
 6. Review the budget for correctness.
 - a. If budget is correct:
 - Determine eligibility.
 - Authorize budget.
 - Go to step 7.
 - b. If budget is incorrect:
 - Make corrections as needed.
 - Determine eligibility.
 - Authorize budget.
 - Go to step 7.
 - c. If no longer income eligible, evaluate medical need according to policy (SOC). If eligible, process and authorize budget. Go to step 7.
 7. Send notices to client. Go to step 8.
 8. Narrate the case notes, including:
 - a. Factors of eligibility.
 - b. Any variations or additions from the interview narrative.
 - c. Go to step 9.
 9. Un-assign self as additional worker if applicable. Change case mode to see if case is in correct mode (Change Management).
 10. Process complete.